

MILITARY LEAVE ELECTION FORM

Please complete this form, attach a copy of your orders to active duty and give it to your Department Human Resource Coordinator who will forward it to **Metro Human Resources attn: Tara Stewart**.

Name: _____ Employee Number: _____

Branch of Service _____ ☐ National Guard ☐ Reserves

Local NG or Reserve Unit _____

Phone Number for your local NG or Reserve Unit: _____ - _____ - _____

Contact Information for Power of Attorney (if designated): _____

Pay Information:

Military Pay Grade (E-5, O-2 etc.): _____ Years of Military Service for Pay: _____

Military Base Pay per month: \$ _____ Partial Pay Received? ☐ Yes ☐ No

Date Active Duty Period Begins: ____/____/____ (Attach Orders)

Leave:

Do you choose to use vacation or comp-time prior to the beginning of partial pay? ☐ Yes ☐ No
If yes, please have your department personnel note on what date you will start the partial pay? ____/____/____.

Note: If you are drawing pay for military leave, vacation, comp-time, or other regular paid leave, partial pay (under the provisions of Civil Service Policy 4.12, Special Military Leave) will begin when paid leave stops.

Medical, Dental, and Basic Term Life Insurance:

You may elect to keep your Metro medical and dental coverage for up to 24 months while on active military duty. If you later decide to drop your coverage, you must notify Metro Human Resources in writing. Premiums will be deducted from your regular earnings or the partial pay each payday. Your Basic Term Life insurance will continue to be paid by Metro while you are on active duty.

Do you wish to continue your **Metro Medical Insurance** coverage? ☐ Yes ☐ No Employee Initials _____
If no, what is the effective date your Military coverage begins? ____/____/____.

Do you wish to continue your **Metro Dental Insurance** coverage? ☐ Yes ☐ No Employee Initials _____
If no, what is the effective date your Military coverage begins? ____/____/____.

Optional Benefits:

Vision – Supplemental Life – Dependent Life

If you are enrolled in Vision insurance, Supplemental Life or Dependent Life, and you wish to keep these benefits while on military leave, you must pay your premiums direct to Metro (they will NOT be deducted from any partial pay received). Premiums for these benefits must be paid within 30 days of your last premium deduction taken from your paycheck or your coverage will be terminated. After your first payment, you will have until the 25th of each month to pay the premium for the next month's coverage. If you do not make timely premium payment, your coverage will be terminated. If you elect not to pay Supplemental Life or Dependent Life premiums direct while on leave, you will have 31 days from the date you return to work to reenroll without providing Evidence of Insurability. By checking your elections below, you agree to pay premiums direct to Metro while on Military Leave.

- ☐ I elect to continue my Vision coverage. Employee Initials _____
☐ I elect to continue my Supplemental Life coverage. Employee Initials _____
☐ I elect to continue my Dependent Life coverage. Employee Initials _____

Direct premium payments should be made payable to and mailed to: Metro Nashville Government, 222 Third Avenue North, Suite 750, Nashville, TN 37201, Attn: Metro Finance - Accounts

Short-Term Disability and Long-Term Disability

While on military leave, you are NOT eligible to maintain your short-term or long-term disability coverage. If you return to work within 90 days, your coverage is automatically reinstated. If you return to work after 90 days, you will be treated as a new hire without a late enrollment penalty.

Flexible Spending Accounts:

You may elect to continue your Health Care flexible spending account while on military leave; however, you must pay your premiums direct on a post-tax basis (see payment information on bottom of first page). You must file any Health Care FSA claims by June 15 following the year end. You may not continue to participate in the Dependent Care FSA while on military leave, but be sure to file any claims within 90 days of the plan year end.

If you are a Qualified Reservist called to Active Duty for 180 days or more, you may request a distribution of all or a portion of the balance in your Health Care FSA. For more information about this distribution, contact Metro Human Resources.

Do you wish to continue your Flexible Spending Account? ☐Yes ☐No Employee Initials_____

Child Support Deductions:

If you choose to discontinue child support deductions from your Metro payroll check in order for the amount to be withheld from your Military earnings, please be aware:

1. The court order will need to be routed and processed by the Military.
2. In the event your activation time is brief, a court order would need to be re-submitted to Metro to resume the deduction.

In some cases, there could be delays in these processes, which may result in arrearages, which would be your responsibility. Please take these points into consideration prior to making any changes to your child support deductions.

Do you want your child support deduction, if applicable, transferred to the military? ☐Yes ☐No Employee Initials_____

Where to Call for Assistance:

- For general information or problems concerning this policy call Ron Deardorff or Tara Stewart in Metro Human Resources at 862-6640.
- For information about your medical, dental or basic life benefits, contact Kim Garrett in Metro Human Resources at 862-6700.
- For information about paying your premiums direct for Vision, Supplemental or Dependent Life contact Millicent Watkins in Metro Human Resources at 862-6700.
- Call Central Payroll at 880-2826 for information about voluntary payroll deductions such as child support, credit union, union dues, MECCC, etc.

I understand that Civil Service Policy 4.12, Special Military Leave, may allow me to receive partial pay while I am on active duty for operations as stated in the policy. Partial Pay will be equal to the difference between my regular Metro pay (pay plan rate) and my military base pay. The minimum partial pay, if applicable, is enough to cover my employee contributions for medical and dental benefits, if I choose to keep these benefits in force while I am on active duty. The pay will begin when I am deployed, or when other paid leave runs out, if I choose to use other leave, it will end when I am relieved of active duty or at the conclusion of operations. As part of my eligibility for partial payment, I agree to provide Metro with information that may be required to determine my eligibility and pay. If my military base pay changes while on active duty, I agree to notify my department, or have them notified, as soon as possible so that my benefits may be re-calculated. I also agree to notify my department within ten (10) days after I am released from active duty so that my partial pay can be stopped.

Employee's Signature

_____/_____/_____
Date